

US DOL
Recd
AUG 22 2005
D
OLMS DPDA

Telephone Number _____

Name of Person Filing Donald Pratt	File Number U
---	----------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p>11 b Approximate dollar value of such dealing <input style="width: 50%;" type="text"/> \$0</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p>12 b Amount <input style="width: 50%;" type="text"/> \$0</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text"/> Money Purchase Retirement Plan - IBEW LU 567</p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> P O Box 1289</p> <p>Street <input style="width: 80%;" type="text"/> 238 Goddard Road</p> <p>City <input style="width: 80%;" type="text"/> Lewiston</p> <p>State <input style="width: 20%;" type="text"/> Maine ZIP Code + 4 <input style="width: 20%;" type="text"/> 04240</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Filer represents IBEW LU 567 as a trustee of the Local s pension plan Reimbursements were received by filer for mileage for attending trustee meeting and meals associated with attendance at IFEBP annual benefits conference</p> </div>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input style="width: 50%;" type="text"/> \$320</p>